

# Perceived Usefulness of Recommendations Given to College Students Evaluated for Learning Disability

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## Abstract

*The present study evaluated the utilization and perceived usefulness of recommendations made to college students as the result of an evaluation and subsequent diagnosis of a specific learning disability. Participants were 47 college students who had received a diagnosis of learning disability within the previous two semesters at a university assessment clinic. Students rated 31 different recommendations in terms of past usage (prior to their evaluation), usage subsequent to their evaluation, perceived usefulness, and barriers to utilization of recommendations. While all recommendations were rated as useful, higher ratings tended to occur for recommendations including program modifications (e.g. course waivers) and training strategies (e.g. study aids). Least utilized recommendations were those with a significant time or monetary commitment.*

Legislation and educational initiatives over the past 30 years have led to increased services for college students with learning disabilities (LD) (Pitoniak & Royer, 2001). Many colleges and universities now provide testing accommodations, course substitutions, and academic support services to students with LD. One framework for describing the services offered by most post-secondary institutions is to group them into two categories: environment changing and student changing (Rath & Royer, 2002). The former type includes assistive technologies, program modification, and direct assistance in the form of tutoring. The latter includes a variety of counseling options, strategy training, and programs to strengthen weak academic skills. More specifically, students are provided audio-taped books, readers, note-takers, and proofreading programs. Testing accommodations might involve extended time on tests, solitary rooms,

changes in the test format, oral or taped examinations, and orally taped response options. Other services might include personal therapy to address psycho-social issues, career counseling, peer support groups, study skills groups, or self-advocacy training.

A second framework is to consider services in terms of what they imply about the interrelationship between the student and his/her environment (Dunn, Brown, & McGuigan, 1994; Rempfer, Hildenbrand, Parker, & Brown, 2003). For example, from the perspective of the medical model, the purpose of the evaluation would be to determine what is wrong with the student, and the goal of the intervention or service would be to set a plan to correct that problem. This perspective places little to no emphasis on the context of the student's difficulty. Other approaches to intervention, however, might examine ways in which the person-environment fit could

be maximized (without modifying either), or how the task demands or context could be adapted to support the student's performance. These latter approaches recognize that an individual's performance can only be addressed within the context of their unique environment, and thus the environment is considered when devising interventions or treatment plans.

These accommodations and special services have been justified based on traditionally poorer academic performance of students with LD. Beginning in high school, students with LD have lower graduation rates and are more likely to aspire to lower prestige jobs (Rojewski, 1999). Graduation rates from college are also lower. Rath and Royer (2002) cite a 24% graduation rate for college students with LD, compared to 43% for the general student body. There is a direct link between the likelihood that a student with LD will graduate from college and the availability of support services (Cowles & Keim, 1995). These authors found a relationship between number of semesters spent participating in support services and graduation rates. Regarding the employment outlook for individuals with LD, Dickinson and Verbeek (2002) indicated that individuals with LD earn lower wages in the workplace than their non-LD colleagues, primarily due to differences in productivity. According to Witte, Philips, and Kakela, (1998), college graduates with LD diagnoses reported significantly less overall job satisfaction, and less satisfaction regarding pay and promotion opportunities than non-LD college graduates.

There is clearly a need for academic services for college students with LD. Unfortunately, there is a paucity of research on the utilization and effectiveness of interventions (Rath & Royer, 2002). In particular, very little research has focused on LD evaluation reports. McGuire, Madaus, Litt, and Ramirez (1996) stress that individualized academic adjustments provide the student with the opportunity to experience college on an equitable level with classmates; however, 48% of evaluation reports do not include any recommendations! Alternately, some evaluators tend to make routine recommendations, regardless of the individual needs of the student. Ofiesh and Hughes (2002) cite this as a common occurrence for testing accommodations: many diagnosticians routinely recommend time accommodations, without documenting the individual's need for this. They reinforce that best practice dictates recommendations specifically tailored to the needs of the individual student. This is further supported by Gordon and Keiser (2000) and Madaus and Madaus (2001), who stress that accommodations and aids that may have been accept-

able in a secondary school setting may no longer be appropriate in a college setting. Hatzes, Reiff, and Bramel (2002) confirm this, suggesting that recommendations based on secondary school findings might compromise academic standards or pose threats to the credibility of the office of disability services.

Standards for documentation of LD, including suggestions for recommendations, were published by the Association on Higher Education and Disability (AHEAD) in 1997. A survey of disability service providers representing colleges and universities across the United States queried for conformity with the AHEAD guidelines (Hatzes et al., 2002). Regarding use of recommendations, the majority of respondents utilized recommendations in the documentation to decide upon accommodations. However, many respondents also use professional judgment, discussions with students, or the mere fact of an LD diagnosis to determine accommodations. Almost 95 % of respondents reported that they might deny suggested recommendations, while also reporting that they would add accommodations not recommended if there was a determination of need. It is apparent that the lack of guidelines in Section 504 or ADA relating to minimally acceptable documentation results in wide variation in the quality and scope of information given to post secondary institutions (Madaus & Madaus, 2001; McGuire, Fresco, Foley, Madaus, & Owen, 1999, Siegel, 1999).

Ofiesh and McAfee (2000) conducted one of the few studies evaluating service providers' perceptions of intervention recommendations for college students with LD. They surveyed college service providers to determine which sections of the reports were most useful in making service delivery decisions. More than half of the respondents in the survey reported a genuine concern about using the information from the evaluation to make service delivery decisions. Specifically, respondents were concerned about the validity of the assessments, and whether recommendations were appropriately linked to test results. Kruse, Elacqua, and Rapaport (1998) conducted telephone interviews with 37 college students with disabilities to assess the students' perceptions of classroom accommodation requests (e.g., did students feel that professors had an understanding of students with disabilities), the perceived usefulness of classroom accommodations in helping the students to achieve their goals, the students' awareness of available services, and overall satisfaction with accommodations. They found that students did not feel that professors had adequate understanding of disabilities, that students felt that they did benefit both emotionally (e.g.,

reduced stress) and academically from receiving accommodations, that most students surveyed were aware of the services that were available to them, and that the majority of respondents were satisfied with the accommodations that they received. A limitation noted by the authors, however, is that 79% of the invited respondents declined the invitation to participate in the study, thus introducing the possibility of bias in terms of who elected to participate.

Finn (1998) conducted a qualitative study including focus groups at five different institutions to determine students' perceptions of LD accommodations and services. The five most beneficial services and accommodations nominated by the students were: coursework and testing accommodations, LD staff support, peer support groups, and tutors. While these results give us important information about student's perceptions of accommodations and services, the methodology makes the results difficult to quantify. Responses may be biased based on the group dynamics, and whether some participants were more vocal than others. However, the Finn study clearly documents the need to further explore students' perceptions of recommendations, and possible barriers to implementing those recommendations.

It is well documented that students with LD have a more difficult time in college and in subsequent employment. It is also clear that there is a great deal of variability in the nature of services and accommodations available to help these students. It is therefore important to investigate the usefulness of services and accommodations. One method of evaluation is to query the recipients themselves. What is their self-perception of the services and accommodations recommended to them? This information is important in that it can impact both the nature of the recommendations made, as well as the actual services provided.

The present study evaluated the utilization and perceived usefulness of recommendations made to college students as the result of an evaluation and subsequent diagnosis of a specific learning disability. Participants were surveyed one to two semesters after receiving a diagnosis and recommendations for a learning disability. Goals of the study were (a) to determine which recommendations were more likely to be followed, (b) to evaluate whether recommendations were perceived as useful, and (c) to identify possible barriers to following recommendations.

## Method

### *Participants*

Participants were 47 college students who had been clients at a university based assessment clinic in the previous two semesters (summer and spring). This time limit was imposed in order to ensure that sufficient time had elapsed for students to implement the recommendations, yet not so much time that students had difficulty remembering their actions. Only students diagnosed with a learning disability were considered for the study. The clinic is a not for profit center located on the campus of a large state university. The clinic provides assessment for students encountering academic difficulties, most frequently those with a learning disability or ADHD. The clinic also provides services such as study skills, ADHD Coaching, and anxiety reduction training. The clinic is staffed by two faculty members with doctoral degrees in clinical psychology and school psychology, who serve as co-directors. Additionally, the center is staffed by a full time director of clinical services (PhD from a combined program in counseling psychology and school psychology), and approximately 10 paid staff who are students in graduate programs in school psychology and counseling psychology. The university clinic employs a simple discrepancy method of diagnosing LD. The client must show a 15-point discrepancy between the overall score of intelligence (e.g., FSIQ) and one area of academic achievement and one area of cognitive processing. The batteries used in the evaluation are the *Wechsler Adult Intelligence Scale, Third Edition (WAIS-III; Wechsler, 1997)*, the *Woodcock-Johnson III Tests of Achievement* (Woodcock, McGrew, & Mather, 2001a) and the *Woodcock-Johnson III Tests of Cognitive Ability* (Woodcock, McGrew, & Mather, 2001b). All graduate student testers had successfully completed at least two semesters of supervised graduate instruction on psycho-educational assessment, as well as training provided by the assessment center. All evaluations were independently supervised by two of the doctoral level supervisors.

The initial subject pool of 146 students were all contacted by phone and e-mail; 98 (67%) of these students had moved and new contact information was unavailable. Of the 48 remaining students who were located, all except one agreed to participate in the study. In return for their participation, students were offered a chance in a lottery to receive a gift certificate at the university bookstore.

Demographics of the total sample were as follows: Females = 59%; age range = 18-47, ( $M = 23.63$ ,  $SD = 5.94$ ). Ethnicity data were not available.

### Procedure

A research assistant contacted potential participants by telephone, explained the study, and made an appointment to conduct the telephone survey the following week. After a student had agreed to participate, his or her evaluation report was examined to determine which recommendations would be queried. Reports contained an average of 16 recommendations (range = 8–31). For each respondent, 12 recommendations were selected for inquiry (in cases where the subject had fewer than 12 recommendations in his or her report, all recommendations were selected). Twelve recommendations were chosen because pre-testing of 5 subjects indicated that the time to survey a participant became lengthy after 12 questions, and participants began evidencing signs of fatigue. Length of time and associated numbers of recommendations were varied, and testing conditions were discussed with pretest subjects, until the research team concurred that a length of 20 minutes, which coincided with 12 recommendations, was well below the threshold for fatigue (noted in pretesting after 30 minutes). No signs of fatigue were evidenced with 12 questions, and this issue was not believed to affect the validity of the study. The responses of the 5 pretest subjects were not used in the study.

In order to determine which 12 questions would be queried for each subject, a grid was established, with the purpose of obtaining a minimum of 10 responses for each of the 31 possible recommendations. The 12 recommendations selected for each participant were determined by filling the grid until each of the 31 possible recommendations had been selected at least 10 times. For example, subject #1 was identified and 12 recommendations were randomly selected and entered into the grid. This procedure was followed with each subject, randomly selecting 12 recommendations each time. If a new subject caused the grid to become complete for a given recommendation (e.g., 10 responses), then an additional recommendation was randomly selected from that subject in order to complete unfilled spots on the grid (e.g., a recommendation that had been responded to by fewer than 10 previous subjects). At the point that a subject had no additional recommendations that would fill empty spots, more than 10 responses per recommendation were allowed. This procedure was continued until enough subjects had been contacted to

result in a minimum of 10 responses for each of the 31 recommendation. This procedure resulted in some recommendations being responded to by more than 10 subjects; while ensuring adequate power with a minimum of 10 responses per subject. This procedure also resulted in a system whereby the most commonly made recommendations were responded to more frequently.

When the subject was contacted again by telephone to complete the survey, the researcher had pre-selected the 12 recommendations that were to be queried. The researcher followed a script so that all interviews would be conducted uniformly. The script is included in the Appendix. Random order of recommendations was used to control for order effects. The researcher read aloud a recommendation, and asked the subject (a) whether they had used that strategy prior to being evaluated, and (b) whether they had used that strategy as a result of the evaluation. If the strategy had been tried as a result of the evaluation, the subject was asked to rate the helpfulness of the recommendation on a 5-point scale (1=not at all helpful to 5=very helpful). In order to avoid possible response bias, subjects were assured that their responses were confidential, that many students reported not following recommendations, and that no one would ever know if they did or did not follow the recommendations. After all 12 recommendations had been queried, subjects were told that there are common reasons why recommendations are not followed, and asked if, in general, any of the following applied to them: “just weren’t interested in the recommendations”, “thought it would be a waste of time”, “found the recommendations too difficult to follow”, “felt overwhelmed by the total number of recommendations given”, or “other”. These “leading questions”, as well as the specific response set format, were both utilized to reduce the probability that students would deny failure to follow recommendations. After working with over a thousand students, the researchers believed that failing to follow recommendations was a common occurrence, and further believed that the use of a leading question was warranted. Finally, subjects were asked to rate on a 5-point scale the overall helpfulness of the report. Modal length of time for interviews was 20 minutes, with approximately 5 minutes variation above and below.

### Results

The overall mean rating for the usefulness of the evaluation report was 4.7 out of 5.0, indicating that students generally viewed their reports as very helpful. Table 1 lists the percentage of students who used each

**Table 1***Utilization and Perceived Helpfulness of Recommendations*

Item	N of ratings	% used rec. prior to evaluation	% used rec. after evaluation <sup>1</sup>	Mean helpfulness <sup>2</sup>
Course substitution or exam waiver	20	0	60	5.0
Relaxation training	12	8	9	5.0
Extended time on entrance tests (e.g. GRE, LSAT)	27	11	22	4.66
Create study aids	21	47	62	4.53
Load balancing	23	30	40	4.31
Increase study time	14	29	64	4.27
Contact student disability support office	27	19	63	4.25
Contact specialty center (Math, Reading)	10	20	40	4.25
Develop homework examples	10	80	80	4.25
Sit in front of class	16	50	81	4.24
Inform professor of disability	18	44	88	4.13
Reason through an answer	13	38	61	4.12
Use all three modalities	14	36	93	4.11
Keep a planner	14	100	100	4.07
Recopy notes	20	35	70	4.0
Get a tutor	17	23	23	3.87
Stress reduction	12	33	67	3.87
Over-learn material	12	17	58	3.85
Make to-do lists	15	67	73	3.83
Make a schedule	10	50	60	3.83
Use outlines, summarize main ideas	15	30	55	3.81
Career advising	15	27	67	3.80
Test taking strategies	18	28	56	3.80
Self-reward for obtaining goals	12	25	42	3.70
Read followed by study breaks	13	54	77	3.60
Audio-tape lectures	12	25	42	3.60
Create analogies when studying	10	50	60	3.50
Counseling for emotional issues	22	14	27	3.50
Test preparation strategies	15	60	73	3.45
Test study strategies	13	38	84	3.41
Attend 8-week study skills class	14	0	0	N/A

<sup>1</sup>If a student endorsed using a recommendation both before and after their evaluation, they are counted in both categories

<sup>2</sup>Mean helpfulness rating: 1 = not helpful at all, 2 = a little helpful, 3 = somewhat or moderately helpful, 4 = pretty helpful, 5 = very helpful. This rating was only given to recommendations that were used after the evaluation.



recommendation, both prior to and subsequent to their evaluation. The table also lists, in descending order, the mean helpfulness rating for each of the recommendations used (from most helpful to least helpful). Only recommendations used after the evaluation were given a helpfulness rating.

The top ten recommendations, in terms of perceived helpfulness, that also had utilization of at least 50%, were as follows:

1. Applied for a course waiver or course substitution
2. Created study aids
3. Increased the time spent studying or preparing for class
4. When studying, created examples of the applicable material
5. Sat in the front of the class
6. Registered with the University Student Disability Resource Center (a necessary step in order to receive any accommodations)
7. Informed professor of disability
8. Investigated how to reason through an answer
9. Used all three modalities (audio/visual/kinesesthetic)
10. Kept a planner

All of the above recommendations received mean ratings of helpfulness that ranged from “pretty helpful” to “very helpful”. There was not a direct relationship between perceived helpfulness and frequency of use. Several strategies received very high usefulness ratings, but were utilized by fewer than 50% of the students who received that recommendation. Examples of this were relaxation training, load balancing, and contacting a Math or Reading help center.

None of the recommendations received a mean helpfulness rating of less than 3.4 (“somewhat helpful” to “pretty helpful”) on the 5-point scale. The least frequently used recommendations were: attend a study-skills class (0%), obtain relaxation training (9%), seek extended time on placement tests, such as the GRE or LSAT (22%), get a tutor (23%), and receive counseling for emotional issues (27%). Due to the length of the survey, it was not possible to inquire about lack of compliance with each specific recommendation. When queried as to the general reasons for failing to use recommendations, the following responses were given (students could endorse more than one reason):

1. Not interested in the recommendations (endorsed by 40% of respondents)
2. Thought the recommendations would be a waste of time (endorsed by 17%)

3. Had tried the recommendation before and it didn’t work (endorsed by 45%)
4. Overwhelmed by the number of recommendations (endorsed by 44%)

Several of the recommendations had been tried prior to obtaining the current evaluation. The recommendations most likely to have been used previously were: kept a planner (100%), developed examples when studying (80%), kept to-do lists (66%), and learned how to prepare for different types of tests (66%).

## Discussion

In general, recommendations can be grouped into the following categories, as identified by Rath and Royer (2002): Assistive technologies, program modifications, direct assistance, theory and counseling, strategy training, and disability attacking. Additionally, they can be considered in terms of what they imply about the relationship between the student and the environment, or more specifically, how much the context is considered when devising an intervention plan. In the present study, the recommendations that were most frequently used and had highest ratings of helpfulness included program modifications (e.g. course waivers or substitutions, register for accommodations), followed by a wide variety of training strategies. The high helpfulness rating for waivers and course substitutions was not surprising. In the state of Florida, where the study took place, all college students must pass a minimum competency exam prior to graduation. State legislation allows for students with a documented learning disability to waive this exam, as well as receive substitutions for specific courses. It is common for college students to seek an evaluation at a point in time when their continued progress is in jeopardy due to course failures or inability to pass the competency exam. Their stated referral often included a desire to qualify for a course substitution or exam waiver. Although it might be speculated that many students were looking for an “easy out”, this is contraindicated by the high ratings and utilization of numerous study strategies. While it is true that many students sought exam waivers or course substitutions, they also engaged in strategies designed to improve their academic strategies. Unfortunately, the current survey did not differentiate between course substitutions and exam waivers, so we cannot make a distinction between these two.

The recommendations least frequently used spanned several categories, including direct assistance, counseling, and program modifications. The common element across the least used recommendations appeared to be

the energy and investment required to accomplish these tasks (e.g., study skills class, tutoring, counseling, relaxation training). Additionally, several of these recommendations required a monetary commitment.

One of the incentives for conducting the study involved a concern that evaluation reports often included numerous recommendations (up to 31 in this investigation). It was speculated that many of these recommendations were not utilized, and that reports might be more efficient if the number of recommendations were reduced. It was speculated that many of the strategy training recommendations would receive low ratings, as they required a sustained effort over a long period of time. Surprisingly, all recommendations were rated as at least moderately helpful. Even those recommendations with low usage received acceptable to high usefulness ratings. The fact that 44% of the respondents reported being overwhelmed by the overall number of recommendations suggests that evaluators should carefully prioritize the recommendations given, perhaps reducing the overall number. However, other than Study Skills classes, the results of the present study do not indicate that any specific recommendations be excised. However, this result should be interpreted cautiously without a fuller evaluation of the actual benefit to students who engage in study skills classes, as well as more definitive information on why students endorsed this item as being infrequently used.

### **Limitations**

There are some limitations in the current study. One, due to the inability to contact a large number of potential subjects, it is unknown whether the sample differed significantly from non subjects in terms of graduation rates or dropout status. Future studies with larger sample sizes would be useful to replicate the current findings. Specifically, it would be interesting to evaluate the relationship between specific state or university requirements and utilization of particular recommendations. Another limitation is that a distinction was not made between course substitutions and exam waivers when querying the participants. This is unfortunate, as these are very different procedures, and clarification of this distinction would be valuable in further understanding the importance of recommendations. Finally, a valuable addition to the research would be to include objective measures of the relationship between recommendations and educational outcomes. What is the impact of course waivers or other accommodations versus strategies such as study skills that actually affect the student's perfor-

mance? Which recommendations might result in better educational outcomes? Additional investigations are critical in furthering the literature on postsecondary students with learning disabilities.

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# Appendix

## Script for Surveying Participants

Hello, my name is *(name)*. I am a research assistant from the Adult Learning and Evaluation Center. You were tested here back in *(date of testing)* and at that time you signed a consent form agreeing to participate in research projects. We are conducting a quick study to determine which of our suggestions were most helpful. Would you be willing to answer a few questions? I won't take more than 20 minutes of your time. And to thank you, when we finish I'll enter your name into a drawing for a \$100 gift certificate at the University bookstore. Is now a good time for me to ask you a few questions? If "YES" proceed. If "NO" schedule a call back time or ascertain their dissent. I am going to ask you about 12 specific recommendations that we provided to you. First, I will ask if you were already doing this – before we recommended it to you. Or, if the recommendation was new to you, if you followed that recommendation. For any recommendations that you followed – or were doing previously – I'll have you rate its overall helpfulness on a 1-5 scale. For example, 1 - not helpful at all, 2 – a little helpful, 3 – somewhat or moderately helpful, 4 – pretty helpful, and 5 – very helpful. Do you have any questions? OK, Let's get started!

(If registering at the Student Disability Resource Center (SDRC) was one of the recommendations – ask them which accommodations they received – also have them rate the accommodations usefulness)

(Tester will refer to prearranged list of 12 recommendations to query)

The first recommendation was *(insert recommendation number here)*

Were you doing that previously? OR - If not doing this previously, did you follow that recommendation? If yes to either of the above – "Please rate that recommendation on the 1-5 scale". The second (through the tenth) recommendation was (follow same procedure as above for all 12 recommendations)

We have found that a lot of students did not comply with the recommendations given – and I am going to read out 4 of the most common reasons they gave. Please answer yes if that reason fits for you, or no, if that reason doesn't fit for any of the recommendations that you did not use.

Just weren't interested in the recommendation given (yes or no)

Thought it would be a waste of time (yes or no)

Found the recommendations too difficult to follow (yes or no)

You felt overwhelmed by the number of recommendations given (yes or no)

Do you have a different reason that I did not list? (Please write in response)

Ok, we're done with that. Now will you please use the 1-5 scale to rate the overall helpfulness of the report you received? Last question, have you done anything other than what we recommended that you have found helpful? *(Don't rate this one, just write out verbatim response)* Do you have any questions? That's all – thank you for your time. I will enter your name into the drawing – this is a good phone number for you, right? If you win we will contact you by telephone. Thanks again for your time and your help!